


In Case of Emergency Form	It is the responsibility of every employee to inform HR Department regarding any changes.	
I. GENERAL INFORMATION		
Employee Name: Pravin Jawaharlal Gupta	Gender: M <input checked="" type="radio"/> F <input type="checkbox"/>	Date of Birth: 05/05/2002
Current Address: AT- Post – Kundevahal , house no.636, Tal - Panvel	City: Panvel State: Maharashtra	
Permanent Address: AT- Post – Kundevahal , house no.636, Tal - Panvel	City: Panvel State: Maharashtra	
Please provide your Family Details (Parents, Siblings, Spouse etc.)		
Name: Jawaharlal Gupta	Relationship: Father	
Phone: 8591383328	Address: AT- Post – Kundevahal , house no.636, Tal - Panvel	
Name: Sunita Gupta	Relationship: Mother	
Phone: 9730310316	Address: AT- Post – Kundevahal , house no.636, Tal - Panvel	
Name: Prince Gupta	Relationship: Brother	
Phone: 6386664148	Address: AT- Post – Kundevahal , house no.636, Tal - Panvel	
Name: Pratik Gupta	Relationship: Brother	
Phone: 8356000138	Address: AT- Post – Kundevahal , house no.636, Tal - Panvel	
Name:	Relationship:	
Phone:	Address:	
Name:	Relationship:	
Phone:	Address:	
Name:	Relationship:	
Phone:	Address:	
Name:	Relationship:	
Phone:	Address:	

Please provide the details of any of your friends		
Name: Deep Bhagat	Location: Bonkode	Profession:
Home Phone:	Work Phone:	Cellular Phone: 9167932125
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: Jawaharlal Gupta	Relationship: Father	
Home Phone:	Work Phone:	Cellular Phone: 8591383328
Name: Pratik Gupta	Relationship: Brother	
Home Phone	Work Phone	Cellular Phone: 8356000138
Preferred Hospital:		
Physician's Name	Specialist Name:	Dentist Name:
Phone:	Phone:	Phone:
List all medications that you are taking (prescription and over the counter). If necessary include the reason of medication:		
List allergies to medicine, food or other allergens, and any medical information such as physical impairments and assistive devices, that emergency personal need to be aware of, attach documentation is necessary:		
II. SIGNATURE AND CONSENT FOR EMERGENCY MEDICAL TREATMENT		
Employee Signature: 		Date Signed: 12/4/2025